



**TOWN OF LOS GATOS  
COMMUNITY DEVELOPMENT DEPARTMENT**

110 E. Main Street  
Los Gatos, CA 95030

**APPEAL OF THE DECISION OF  
DIRECTOR OF COMMUNITY DEVELOPMENT  
OR  
DEVELOPMENT REVIEW COMMITTEE**

**PLEASE TYPE or PRINT NEATLY**

I, the undersigned, do hereby appeal a decision of the COMMUNITY DEVELOPMENT DEPARTMENT/DIRECTOR OF COMMUNITY DEVELOPMENT OR DEVELOPMENT REVIEW COMMITTEE as follows:

DATE OF DECISION: \_\_\_\_\_

PROJECT/APPLICATION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

LIST REASONS WHY THE APPEAL SHOULD BE GRANTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, attach additional sheets.)

**IMPORTANT:**

1. APPEAL **MUST** BE FILED WITHIN TEN (10) DAYS AFTER THE DATE OF MAILING OF WRITTEN NOTIFICATION OF THE DECISION.
2. THE APPEAL SHALL BE SET FOR THE FIRST REGULAR MEETING OF THE PLANNING COMMISSION WHICH THE BUSINESS OF THE PLANNING COMMISSION WILL PERMIT, MORE THAN FIVE (5) DAYS AFTER THE DATE OF THE FILING OF THE APPEAL. THE PLANNING COMMISSION MAY HEAR THE MATTER ANEW AND RENDER A NEW DECISION IN THE MATTER.
3. YOU WILL BE NOTIFIED, IN WRITING, OF THE APPEAL DATE.
4. CONTACT THE PROJECT PLANNER TO DETERMINE WHAT MATERIAL IS REQUIRED TO BE SUBMITTED FOR THE PUBLIC HEARING.

**RETURN APPEAL FORM TO COMMUNITY DEVELOPMENT DEPARTMENT**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

DATE OF PLANNING COMMISSION HEARING: \_\_\_\_\_

COMMISSION ACTION: 1. \_\_\_\_\_ DATE: \_\_\_\_\_  
2. \_\_\_\_\_ DATE: \_\_\_\_\_  
3. \_\_\_\_\_ DATE: \_\_\_\_\_

PLAPPEAL \$ 176.00 Residential  
PLAPPEAL \$ 705.00 Commercial  
PLAPPEAL \$ 72.00 Tree Appeals